



Streptococcus pneumoniae and Penicillin-Resistant *Streptococcus pneumoniae* (PRSP)

An organism requiring droplet precautions; PRSP requires additional contact precautions

This handout describes *Streptococcus pneumoniae* and who is at risk for getting it. It also explains how this disease can be spread and offers steps to prevent others from getting it.

To learn more about *Streptococcus pneumoniae*, visit this Web site:

www.cdc.gov/ncidod/dbmd/diseaseinfo/drugresisstrep Pneum_t.htm

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What is *Streptococcus pneumoniae*?

Streptococcus pneumoniae is a bacterium that can cause pneumonia, bacteremia, otitis media, meningitis, peritonitis, and sinusitis. Sometimes you will hear it called “strep.” This organism is often seen in the outpatient setting.

Penicillin-resistant *Streptococcus pneumoniae* (PRSP) is a strep germ that has become resistant to the usual antibiotics given to treat an illness.

There is a vaccine that can prevent many infections due to *Streptococcus pneumoniae* and drug-resistant *Streptococcus pneumoniae*.

How is *Streptococcus pneumoniae* spread?

Streptococcus pneumoniae is spread from person to person and possibly through shared objects or contaminated surfaces.

Symptomatic persons should practice “respiratory hygiene” by wearing a mask, cleaning their hands often, and disposing of tissues in wastebaskets when coming into a health care facility. Free “Cover Your Cough Kits” are available at the Information Desk and at clinic intake areas.

In the hospital, the hands of health care workers may spread *Streptococcus pneumoniae* and PRSP.

Please tell your health care provider if you know that you are colonized (not showing symptoms) or infected with PRSP.

Questions?

Call 206-598-6122

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff is also available to help at any time.

Healthcare
Epidemiology and
Infection Control:
206-598-6122

Who is at risk for *Streptococcus pneumoniae* infection?

Persons at higher risk for infection include:

- The elderly.
- Children under 2 years old.
- African Americans.
- American Indians and Alaska Natives.
- Children who attend group daycare centers.
- Persons with underlying medical conditions including HIV infection and sickle-cell disease.

How is it diagnosed?

A sample from the infected area (usually a respiratory specimen) is sent to the laboratory for identification. Laboratory tests determine which antibiotics to use to treat the infection.

How are others protected at the medical center?

At University of Washington Medical Center, we place precautions signs near the doorway of your room to alert health care workers and your visitors to observe expanded precautions when caring for you to protect other patients from getting *Streptococcus pneumoniae* and PRSP.

What does it mean to be in precautions?

Health care workers, visitors, and caregivers wear gowns, gloves, and masks when providing care.

If your visitors are at risk of acquiring *Streptococcus pneumoniae* disease, they should also wear the protective gear.

Hand washing for 15 seconds, using alcohol hand gels, and environmental cleanliness are emphasized.

You will be asked to stay in your room unless you need to go to other departments in the hospital for treatment. If you leave your room, you will be asked to wash your hands and to wear a yellow gown, gloves, and a mask.

Please do not use the nutrition rooms while you are “in isolation.” When you want a snack or ice water, ask a member of your health care team to bring it to you.

When can the precautions be stopped?

Droplet precautions for *Streptococcus pneumoniae* may be stopped after it is determined that the antibiotics you are taking are effective.

Contact precautions for PRSP can be stopped when you are no longer taking antibiotics and cultures taken on 2 separate days show that you no longer have PRSP. These cultures may be obtained from the previously infected site, or in some cases, they may be obtained from your nose.

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